

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-975)							SERIAL NO. <u>09/ 980,940</u>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2							52						
3		1		1			53						
4		1		1			54						
5		1		1			55						
6		1		1			56						
7		1		1			57						
8		1		1			58						
9							59						
10							60						
11					1		61						
12						1	62						
13							63						
14							64						
15							65						
16					1		66						
17						1	67						
18						1	68						
19					1		69						
20						1	70						
21							71						
22					1		72						
23						1	73						
24						1	74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1		1		4		TOTAL IND.						
TOTAL DEP.		1		1	10		TOTAL DEP.						
TOTAL CLAIMS		1		1	14		TOTAL CLAIMS						